

FILED

6/16/2023

DJ

**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

JG

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

RECEIVED

JUN 01 2023 AXK

Michael Mayo

**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT**

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart

Officer Harney

John Doe (Sergeant)

1:23-cv-03471

Judge John J. Tharp, Jr

Magistrate M. David Weisman

PC 7

DIRECT

Case

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)**

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)**

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: Michael Cooper Mayo
B. List all aliases: N/A
C. Prisoner identification number: 20181127027
D. Place of present confinement: Cook County Jail
E. Address: 2700 South California Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Tom Dart
Title: Cook County Sheriff
Place of Employment: Cook County Dept. of Corrections
B. Defendant: Officer Harney
Title: CCDOC Officer
Place of Employment: Cook County Jail
C. Defendant: John Doe (Sergeant)
Title: Sergeant
Place of Employment: Cook County Dept. of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Mayo V. Dart, et al.
21-cv-04653

B. Approximate date of filing lawsuit: 2021

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael Cooper Mayo

D. List all defendants: Larry Gavin, Karen Jones-Hayes,
Damita Delitz, Brendon Lombardi, Director Miller,
Officer Buchanan, Thomas Dart and Lt. Douge

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court (Northern District Eastern Division)

F. Name of judge to whom case was assigned: Hon John J. Tharp Jr.

G. Basic claim made: Failure to Protect, Excessive Force
and Retaliation

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Mayo V. Dart
21-cv-05014

B. Approximate date of filing lawsuit: 2021

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael Cooper Mayo

D. List all defendants: Thomas Dart

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court (Northern District Eastern Division)

F. Name of judge to whom case was assigned: Hon. M. David Weisman

G. Basic claim made: COVID-19 Exposure

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Mayo v. Dart, et al.
23-CV-02599

B. Approximate date of filing lawsuit: 2023

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael Cooper Mayo

D. List all defendants: Tom Dart, Officer Parker,
Ramond Williams

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court (Northern District Eastern Division)

F. Name of judge to whom case was assigned: Hon. John J. Tharp Jr.

G. Basic claim made: ADA violation

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: Pending

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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Mayo v. Dart, et al.
23-CV-03009

B. Approximate date of filing lawsuit: 2023

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael Cooper Mayo

D. List all defendants: Tom Dart, Officer Vereen,
Neil Burnstein

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court (Northern District Eastern Division)

F. Name of judge to whom case was assigned: Hon. John J. Thipp Jr.

G. Basic claim made: Failure to protect

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Since my need for a wheelchair, I have never been properly secured in the Cook County Sheriff's handicap van when transported. Although, I have never been secured properly in the wheelchair in the handicap van, I have never been blue boxed, shackled and leg shackled to the wheelchair. With my hands and legs free, although it is still very dangerous, I am able to use my arms and legs to brace myself on turns, stops and accelerations. On April 10, 2023 I was being transported to court, (which was a mistake and really set for April 14, 2023) in a Cook County Sheriff's handicap accessible van (Van #8382). There was a officer by the name Harney and a white shirt (Sergeant) who had his name plate covered. I was blue boxed, shackled and leg shackled to the wheelchair. Officer Harney made a one point contact to the left rear wheel of the wheelchair and locked the lever brakes on each wheel. This was not the proper way to secure a wheelchair.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

in a handicap van. As mentioned earlier when not blue boxed and shackled I was able to use my arms and legs to brace myself on turns, stops and accelerations. Unfortunately, this time I was ^{not} able to do ~~nothing~~ anything because my hands were blue boxed, shackled and legs shackled to the wheelchair. As we were driving, officer Harney took the turn for the Rolling Meadows exit. During this turn my wheelchair flipped over to the left wedging my head against the window. At this point the wheelchair with me in it was balancing only on the ^{rear} left wheel, while the right wheel was off the ground. I began screaming for help, but the officer continued to drive for what seemed like forever. All the while I was trying to brace my neck against the left side of the van to prevent sliding further down and causing more injuries. Once we pulled into the Rolling Meadows garage, I was laying on my left side ~~on~~ on the floor of the van trapped and in pain. The two officers got out the van and tried to help me (Both officers had their body cameras on and recording) Since I was shackled and blue boxed to the wheelchair

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

it took the officers a while to up right the wheelchair and unshackle me. Upon my return to the Cook County Jail, I requested medical attention. I was transported to Cermak where I was seen by doctor Yu. No x-rays were taken and I was told I was fine. I was given pain meds and sent back to division 8/3F. Since this incident I have had continued pain in my neck, ^{left} shoulder and left wrist. Tom Dart shares responsibility as the Sheriff of Cook County. Tom Dart must know that his officers are not properly trained on how to secure wheelchairs in handicap vans and that his handicap vans ^{are} not supplied with the proper straps to secure wheelchairs. Tom Dart is also responsible for endorsing a policy of blue boxing, shaking and leg shaking inmates in wheelchairs.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am seeking compensatory, punitive and nominal damages. Also any awards the court finds proper and just.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 18th day of May, 20 23

Michael Cooper Mayo
(Signature of plaintiff or plaintiffs)

Michael Cooper Mayo
(Print name)

20181127027
(I.D. Number)

530 East 88th Street
Chicago, IL 60619
(Address)

Exhibit A



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodia)

CONTROL #

Individual In Custody SHORT #

! THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(! Para ser llenado solo por el personal de IIC Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

(1 of 3)

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (# de identificación)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

April 11, 2023

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: Classification, including designation of an individual as a security risk or protective custody individual, or decisions of the disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker). The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

Directrices de quejas y resumen de quejas

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los individuos.

El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja corresponde asuntos no relacionados con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 10, 2023	10:00AM - 2:00PM	Division 8/3F	Tom Da, + Officer Harvey Sergeant (Unknown)

On April 10, 2023 I was being transported to court in a handicapped accessible van (van # 8382). There was a officer by the name Harvey and a white shirt (Sergeant) who had his name plate covered. I was shackled and blue boxed to my wheelchair. Officer Harvey made one point of contact to the left rear wheel of the wheelchair. As we were driving, officer Harvey took the turn for the Rolling Meadows exit. During this turn my wheelchair flipped over to the left wedging my head

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o individuo que tengan información:)

Body camera / Officer Harvey

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE I.I.C. GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print): D. Wilson	SIGNATURE: 	DATE CRW RECEIVED: 4/12/23
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

(2 of 3)

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

April 11, 2023

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 10, 2023	10:00AM - 2:00PM	Division 8/3F	Tom Dart Officer Harney Sergeant (Unknown)

in between the window and the wheelchair. I began screaming for help but the officer continued to drive. All the while I was trying to brace my neck against the window to prevent further injury. Once we pulled into the Rolling Meadows garage the two officers got out the van and tried to help me (Both officers had their body cameras on and recording). Since I was shackled and blue boxed to the wheelchair it took the officers a while to upright the wheelchair and

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Body camera Officer Harney

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. H. Johnson

SIGNATURE:

D. H. Johnson

DATE CRW/PLATOON COUNSELOR RECEIVED:

4-12-23

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

D. H. Johnson

SIGNATURE:

D. H. Johnson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent:
 Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

April 11, 2023

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

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La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 10, 2023	10:00 AM 2:00 PM	Division 8/3F	Officer Harney, Tom Doct Sergeant (Unknown)

unshackle me. Upon my return to the Cook County Jail, I requested medical attention. I was transported to Cermak where I was seen by Doctor Hs. No x-rays were taken and I was told I was fine. I was given pain meds and sent back to division 8/3F. This morning April 11, 2023 I woke to a very sore neck and limited range of motion and a sore abdomen. I submitted a medical slip on April 11, 2023, requesting further medical treatment.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Body Camera / Officer Harney

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

4.12.23

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE RESPONSE/APPEAL FORM

(Individuo bajo custodia - formulario de respuesta/apelación de queja)

CONTROL NUMBER

Individual In Custody SHORT #:

2023X05950 794313

PRINT: CRW LAST NAME

Wilson

INFORMATION TO BE COMPLETED BY IIC SERVICES PERSONNEL ONLY

Individual In Custody LAST NAME:

Mayo

Individual In Custody FIRST NAME:

Michael

BOOKING ID #:

20121127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

350 Inam for doa

IMMEDIATE CRW RESPONSE (if applicable):

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

E 704 BWT

4/19/23

RESPONSE BY PERSONNEL HANDLING REFERRAL

IIC received medical attention in d.v Rte dispensary. Lt Atavas (RTE) informed

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Kars

4/21/23

THIS SECTION IS TO BE COMPLETED BY INDIVIDUAL IN CUSTODY! (Esta sección debe ser completada por el individuo.)

INDIVIDUAL IN CUSTODY SIGNATURE (Firma del individuo bajo custodia):

Michael Mayo

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

May 9 2023

INDIVIDUAL IN CUSTODY'S REQUEST FOR AN APPEAL (Solicitud de apelación del individuo)

TO BE COMPLETED BY INDIVIDUAL IN CUSTODY

- To exhaust administrative remedies, a grievance appeal must be made on this form and within 15 calendar days of the date the individual received the above notated response. An appeal must be filed in ALL circumstances in order to exhaust administrative remedies, regardless if the grieved issue(s) have been referred for further review and/or investigation. Any pending O.P.R. review or investigation, is NOT part of the grievance appeal process.

Para agotar los recursos administrativos, las apelaciones de quejas se deben realizar en este formulario y dentro de los 15 días calendarios a partir de la fecha en que el individuo recibió la respuesta anotada anteriormente. Se debe presentar una apelación en TODAS las circunstancias a fin de agotar los recursos administrativos, independientemente si los asuntos de la queja han sido referidos para una revisión y/o investigación. Cualquier revisión o investigación pendiente de OPR NO es parte del proceso de apelación de quejas.)

INDIVIDUAL IN CUSTODY BASIS FOR AN APPEAL: (Base de apelación del individuo.)

May. 9 2023

DATE OF APPEAL REQUEST: (Fecha de la solicitud de la apelación.)

I did receive medical attention, but I still have neck pain. I should have been properly secured in the van and this would have never happened. My neck and shoulder are still recovering from this incident.

TO BE COMPLETED BY INDIVIDUAL IN CUSTODY

DIRECTOR'S/DESIGNEE'S ACCEPTANCE OF BASIS/REQUEST OF APPEAL?

(Aceptación del Director/Designado de la solicitud de apelación del individuo.)

IIC SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del Director de Servicios de IIC/Designado.)

Original Response to Standard follow-up with medical director for alleged health issue.

IIC SERVICES DIRECTOR/DESIGNEE (Director de Servicios de IIC/Designado):

SIGNATURE (Firma):

DATE (Fecha):

5/12/23

Appeal response and/or decision returned to IIC via inter-departmental mail, U.S. Mail or CRW delivery.
(Su respuesta de apelación y/o decisión será entregado al IIC por Correo interno del departamento, Correo de EE. UU. o del Trabajador Social (CRW).)

DATE APPEAL RESPONSE/DECISION WAS FORWARDED:

(Fecha en que se envió la respuesta de apelación/decisión de apelación.)

MAY 15 2023

Michael Cooper Mayo
20181127027
2700 South California
Chicago, IL 60608

7018 3090 0000 1751 4561

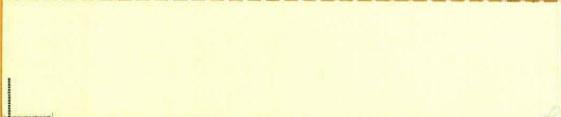
Prisoner Correspondence
Clerk's Office
U. S. District Court
219 S. Dearborn St., 20th Fl.
Chicago, IL 60604

JUN - 1955





06/01/2023-4



10.68
curr

Mayo, M-3F